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Practitioner's Docket No. 48.240 (840)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Y. Matsushima, et al.
Application No.: 09/045,385
Filed: 03/20/1998
Group No.: 2871
Examiner: Eisenhut, H.
For: EASY-TO-MANUFACTURE LIQUID CRYSTAL DISPLAY DEVICE WITH LIGHT SHIELDING
FRAME LAYER (AS AMENDED)

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

FEE FOR CLAIMS

3. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	5	Minus	20	= 0	x \$0 =	\$0
Indep.	1	Minus	3	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
Total					Addit. Fee	\$0

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

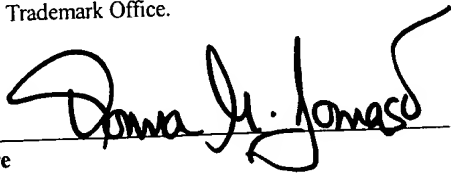
MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: May 3, 2000

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Donna M. Tomaso
(type or print name of person certifying)

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- * If the entry in Col. 1 is less than the entry in Col. 2, write AO≡ in Col. 3,
 - ** If the AHighest No. Previously Paid For≡ IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20≡.
 - *** If the AHighest No. Previously Paid For≡ IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3≡.
- The AHighest No. Previously Paid For≡ (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

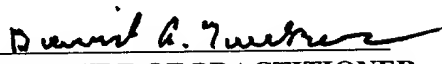
No additional fee for claims is required.

FEE DEFICIENCY

4. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

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SIGNATURE OF PRACTITIONER
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